

# Is it possible that Medicare isn't your *PRIMARY* insurance?

Please take a moment to complete this questionnaire. Medicare has requested that this information be verified for all Medicare patients every 90 days.

Are you currently employed?

Yes  No

Is spouse/other family member employed?

Yes  No

-Name of spouse: \_\_\_\_\_

Patient covered by employer group health plan (EGHP) from own or family member's current or former employment?

Yes  No

-Does the employer that sponsors the EGHP have 20 or more employees?  Yes  No

Patient or spouse retired?

Yes  No

-Patient retirement date: \_\_\_\_\_ -Spouse retirement date: \_\_\_\_\_

Patient entitled to Medicare because of end stage renal disease (ESRD)?

Yes  No

Patient entitled to Medicare because of disability, other than ESRD?

Yes  No

-Does the employer that sponsors the EGHP have 100 or more employees?  Yes  No

Patient entitled to benefits through the Department of Veterans Affairs?

Yes  No

-Does the patient want the VA to be contacted for authorization? \_\_\_\_\_

Patient entitled to benefits under the Federal Black Lung Program?

Yes  No

Is this illness/injury covered by a workers' compensation claim?

Yes  No

Is this illness/injury the result of a non work-related accident?

Yes  No

Are services covered by a Public Health Service or Research Program?

Yes  No

Information supplied by: \_\_\_\_\_

Relationship to patient:  Self  Spouse  Other